

101: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 346.00: RATES FOR CERTAIN SUBSTANCE ~~ABUSE~~ [DISORDER](#) PROGRAMS

Section

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346.01: General Provisions

(1) Scope. 101 CMR 346.00 governs rates of payment to be used by all Governmental Units making payment to Eligible Providers of certain substance ~~abuse~~ [disorder](#) services to Publicly Assisted Clients. The rates for health care services set forth in 101 CMR 346.00 also apply to individuals covered by the Workers' Compensation Act, M.G.L. c.152.

(2) Disclaimer of Authorization of Services. 101 CMR 346.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 101 CMR 346.00. Governmental Units that purchase services from Eligible Providers are responsible for the definition, authorization, and approval of services extended to Publicly Assisted Clients.

(3) Effective Date. 101 CMR 346.00 shall be effective for services rendered on and after September 1, 2012. [The rates for Clinical Case Management shall be effective pursuant to contracts executed under Department of Public Health procurements.](#)

(4) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an administrative bulletin. The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and
- (c) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(5) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 346.00.

(6) Authority. 101 CMR 346.00 is adopted pursuant to M.G.L. c. 118E.

346.02: Definitions

Meaning of Terms. As used in 101 CMR 346.00, unless the context requires otherwise, terms shall have the meanings ascribed in 101 CMR 346.02.

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Acute Treatment Services (Inpatient). Those medically managed and/or monitored acute intervention and stabilization services that provide supervised detoxification to individuals in acute withdrawal from alcohol or other drugs and address the biopsychosocial problems associated with alcoholism and other drug addictions requiring a 24-hour supervised inpatient stay.

Approved Program Rate. The rate per service unit approved by EOHHS and filed with the Secretary of the Commonwealth.

Case Consultation. A meeting with a professional of another agency to resolve treatment issues or to exchange other relevant client information. Case consultation may be billed only for face-to-face meetings that are necessary as a result of the inability or inappropriateness of other forms of communication, such as telephone and letter. Such circumstances and services must be documented in the client's record and be available as part of any record audit that the purchasing agency may perform.

Case Management. Services, as specified by the MassHealth program, which coordinate the substance abuse treatment of pregnant women with other medical and community services that are critical to the needs of the woman and her pregnancy. Case Management is billable only for women enrolled in the Day Treatment Program. Service is limited to one hour per week per enrollee, provided in no less than 15-minute increments.

Clinical Case Management.- Individualized case management provided as part of a clinical outpatient service that facilitate ongoing engagement in community-based treatment and recovery services; link to community resources such as housing, employment, education and health care; facilitates access to mainstream benefits and includes evidence-based models that integrate clinical treatment and case management services.

Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.

Client Resources. Revenue received in cash or in kind from Publicly Assisted Clients to defray all or a portion of the cost of program services. Client resources may include payments made by Publicly Assisted Clients to defray the room and board expense of residential services, clients' food stamps, or payments made by clients according to ability to pay or sliding fee scale.

Clients. Recipients of service units within a program.

Clinically Managed Detoxification Services. Medical assessment, intensive counseling, and case management services to clients who are not intoxicated or have been safely withdrawn from alcohol or other drugs or are addicted to a drug that does not require medical withdrawal. These clients require a 24-hour supervised inpatient stay to address the acute emotional, behavioral, or biomedical distress resulting from an individual's use of alcohol or other drugs. This level of service includes four hours of nursing service seven days per week. These services are governed by the Massachusetts Department of Public Health regulation 105 CMR 164.133 (A)(1)(c).

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Cost Report. The document used to report costs and other financial and statistical data. The Uniform Financial Statements and Independent Auditor's Report (UFR) are used when required.

Couple Counseling. Therapeutic counseling provided to a couple whose primary complaint or concern is disruption of their relationship or family due to substance [abuse](#) [disorder](#).

Day Treatment. A highly structured substance [abuse](#) [disorder](#) treatment day program that meets the service criteria set forth by the Massachusetts Department of Public Health pursuant to 105 CMR 164. 231, 164.232 (A), (B), and (C) and MassHealth. A Day Treatment Program operates at least three and one half hours per day, five days per week.

Driver Alcohol Education. The program of services, provided through licensed outpatient substance [abuse](#) [disorder](#) counseling programs, legislated by M.G.L. c. 90, § 24D to first offender drunk drivers adjudicated in Massachusetts courts.

Driver Alcohol Education Residential. The program of services described in M.G.L. c. 90, § 24 and provided through licensed residential counseling programs to second offender drunk drivers adjudicated in Massachusetts courts.

Educational/Motivational Session. A meeting between staff of a Driver Alcohol Education Program and not more than 12 clients. Clients are required to participate in 32 hours of this interactive group programming either in 16 two-hour groups or 21 90-minute groups.

Eligible Provider. Any individual, group, partnership, trust, corporation, or other legal entity that offers services for purchase by a Governmental Unit and that meets the conditions of purchase or licensure that have been or may be adopted by a purchasing Governmental Unit.

Enhanced Acute Treatment Services. A program to detoxify pregnant women from alcohol or drugs that involves special medical protocols to address the needs of pregnancy and that includes other medical and support components to ensure quality of both substance [abuse](#) [disorder](#) treatment and obstetrical care.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Established Charge. The lowest fee that is charged or accepted as payment by the Eligible Provider to the general public or any third party payer, other than a Governmental Unit, for the provision of services. Fees based upon the client's ability to pay, as in the case of a sliding fee scale, and fees subject to EOHHS review and approval are not deemed to be established charges.

Family Counseling. The therapeutic counseling of more than one member of a family at the same time in the same session, where the primary complaint or concern is disruption of the family due to substance [abuse](#) [disorder](#).

Governmental Unit. The Commonwealth, any board, commission, department, division, or agency of the Commonwealth and any political subdivision of the Commonwealth.

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Group Counseling. Therapeutic counseling to an unrelated group of people having a common problem or concern that is associated with substance ~~ab~~use [disorder](#).

Individual Counseling. A therapeutic meeting between an individual whose primary complaint or concern is substance ~~ab~~use [disorder](#) in him or herself or a significant other, and the staff of an Eligible Provider.

Individual Assessment Session. A meeting between staff of a Driver Alcohol Education Program and an individual client to explore the client's drinking habits and to place the client in the appropriate educational track in the group programs.

Medically Monitored Inpatient Detoxification Services. Acute detoxification and related treatment services provided to individuals whose current or potential withdrawal symptoms constitute a risk to the patient's health and well-being and require medical monitoring. These services are governed by the Massachusetts Department of Public Health regulation 105 CMR 164.133(A)(1)(b).

Medical Services Visit. A medical services visit to an opioid treatment program includes medical assessment, medical case management, and dispensing of medication to opiate addicted individuals who require support of opioid substitution therapy, as noted in the Department of Public Health's standard RFR program description of Opioid Treatment Programs and pursuant to 105 CMR 164.302 and 164.303.

Operating Agency. An individual, group partnership, corporation, trust, or other legal entity that operates a program.

Opioid Treatment. Opioid Treatment offers medically monitored treatment services for opiate-addicted clients and combines medical and pharmacological interventions with professional counseling, education, and vocational services. Services are offered on both a short-term (detoxification) and long-term (treatment) basis. Any individuals who are addicted to opiate drugs and are medically screened as appropriate are eligible.

P4P Eligible Provider (P4PEP): an Eligible Provider that provides a P4P Eligible Service.

Pay for Performance (P4P). A value-based purchasing program implemented by a Purchasing Governmental Unit to pay providers to perform activities related to improving the quality of care delivered to clients.

P4P Eligible Service. A substance ~~ab~~use [disorder](#) treatment class of services, such as Transitional Support Services or Acute Treatment Services, that has been identified by the Purchasing Governmental Unit as eligible for participation in a P4P program.

Publicly Assisted Client. A person who receives program services for which a Governmental Unit is liable, in whole or in part, under a statutory program of financial assistance.

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Purchasing Governmental Unit. A Governmental Unit that has purchased or is purchasing service units from an Eligible Provider.

Related Party. A person or organization that is associated or affiliated with, has control of, or is controlled by the operating agency or any director, stockholder, partner, or administrator of the operating agency by common ownership or control or in a manner specified in §§ 267(b) and (c) of the Internal Revenue Code of 1954 as amended, provided, however, that 10% is the operative factor as set out in §§ 267(b)(2) and (3) and provided further that the definition of "family members" found in § 267(c)(4) of said code includes for the purpose of 101 CMR 346.00:

- (a) husband and wife;
- (b) natural parent, child, and sibling;
- (c) adopted child and adoptive parent;
- (d) stepparent and stepchild;
- (e) father-in-law, mother-in-law, sister-in-law, brother-in-law, son-in-law, and daughter-in-law; and
- (f) grandparent and grandchild.

Reporting Year. The Operating Agency's fiscal year for which costs incurred are reported to the Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR), normally July 1st to June 30th.

Residential Rehabilitation. The program of services defined as organized substance ~~abuse~~ disorder treatment and education services featuring a planned program of care in a 24-hour residential setting. These services are provided to clients who require safe and stable living environments in order to develop their recovery skills. Types of residential rehabilitation services are those designed for adult individuals, adults with their families, adolescents, and driving under the influence second offenders pursuant to Massachusetts Department of Public Health regulation 105 CMR 164.000.

Substance ~~Abu~~Use Disorder Outpatient Counseling. The services defined in the Massachusetts Department of Public Health regulation 105 CMR 164.200.

Transitional Support Services. Residential case management services provided to bridge the gap between detoxification and residential rehabilitation and/or community ambulatory aftercare services. This level of service includes four hours of nursing service seven days per week.

Transitional Support Services with Special Programming for Women. Residential case management services provided to bridge the gap between detoxification and residential rehabilitation and/or community ambulatory aftercare services, which services focus on the unique needs of women; are structured in a smaller residential setting (16 versus 36 beds); and offer more intensive services (more counseling and smaller staff/client ratio).

Treatment for Civilly Committed Persons Add-on. Enhanced level of care includes transportation, extra medical, psychiatric, recovery specialist care, family counseling, and additional administrative staff for the intake for all civilly committed persons in the Commonwealth. May be purchased in addition to Medically Monitored Detoxification Services, Clinically Managed Detoxification Services and

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Transitional Support Services for individuals who have been civilly committed by a district court of the Commonwealth, under M.G.L. c. 123, § 35.

346.03: Filing and Reporting Requirements

(1) Reporting for Annual Review. Unless exempted herein, each Operating Agency shall on or before the 15th day of the fifth month after the end of its fiscal year, submit to the Center.

- (a) a copy of its Uniform Financial Statement and Independent Auditor's report completed in accordance with the filing requirements of the Operational Services Division, Executive Office for Administration and Finance;
- (b) a supplemental program questionnaire, if requested by the Center.

(2) Penalties.

(a) Reduction of Approved Rate. An Operating Agency's Approved Rate may be reduced by 25% of the Approved Rate for the number of late days, subject to the approval of the purchasing Governmental Unit. Late days shall be defined as the total number of days between the Operating Agency's due date for filing a completed Cost Report package as defined in 101 CMR 346.03(1) and the date the Operating Agency's completed Cost Report package as defined in 101 CMR 346.03(1) is received by the Center.

(b) Additional Information Requested by the Center. Each Operating Agency shall file such additional information as the Center may from time to time require no later than 21 days after the date of mailing of that written request. If the Center's request for the missing information and/or documentation is not fully satisfied through the submission of written explanation(s) and/or documentation within 21 days of the mailing of that request, all costs relative to that request shall be excluded from rate development by EOHHS.

(3) General Provisions.

(a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to the Center shall be certified under pains and penalties of perjury as true, correct and accurate by the Executive Director or Chief Financial Officer of the Operating Agency.

(b) Examination of Records. Each Operating Agency shall make available all records relating to its operation and all records relating to a realty service or related party or holding company or any entity in which there may be a common ownership or interrelated directorate upon request of the Center for examination.

(c) Field Audits. The Center may from time to time conduct a field audit. The Center shall make reasonable attempts to schedule an audit at the mutual convenience of both parties.

346.04: Rate Provisions

(1) Services Included in the Rate. The approved rate shall include payment for all care and services that are part of the program of services of an Eligible Provider, as explicitly set forth in the terms of the purchase agreement between the Eligible Provider and the purchasing Governmental Unit(s).

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(2) Rates as Full Payment. Each Eligible Provider shall, as a condition of acceptance of payment made by any purchasing Governmental Units for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered. Payment from any other sources shall be used to offset the amount of the purchasing Governmental Unit's obligation for services rendered to the Publicly Assisted Client.

(3) Payment Limitations. No purchasing Governmental Unit may pay less than or more than the approved program rate except as provided in 101 CMR 346.04 (2) and (5).

(4) Approved Program Rates. The rate of payment for authorized services shall be the lower of the established charge or rate listed below. Refer to purchasers' manuals for special coding instructions and limitations on number of units.

Code	Rate	Description
Inpatient Services		
H0010	\$183.44	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient) (Clinically Managed Detoxification Services)
H0011	\$286.83	Alcohol and/or drug services; acute detoxification (Medically Monitored Inpatient Detoxification Services)(Facility with 37 or fewer licensed beds)
H0011	\$258.58	Alcohol and/or drug services; acute detoxification (Medically Monitored Inpatient Detoxification Services)(Facility with more than 37 licensed beds)
H0011-H9	\$34.09	Alcohol and/or drug services; acute detoxification (Treatment for Civilly-Committed Persons Add-on)
Residential Services		
H0018	\$131.04	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem (includes room and board)(Transitional Support Services)
H0018-HK	\$131.40	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem (includes room and board) (Transitional Support Services with Special Programming for Women)
H0018-H9	\$75.00	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem (includes room and board) (Driver Alcohol Education Residential)
H2034	\$75.00	Alcohol and/or drug abuse halfway house services, per diem (Residential Rehabilitation)
Opioid Treatment Services		
<u>Medical Services Visit</u>		
H0020	\$10.21	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program); (dose only visit)
<u>Counseling</u>		
H0020-TF	\$27.59	Alcohol and/or drug services; methadone administration and/or service

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Code	Rate	Description
		(provision of the drug by a licensed program); (intermediate level of care); (individual, per 30 minute unit, two units maximum per session)
H0020-HR	\$33.12	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program); (family/couple with client present, per 30 minute unit, two units maximum per session)
H0020-HQ	\$10.74	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program); (group setting); (per 45 minute unit, two units maximum per session)
Ambulatory Services		
<u>Outpatient Counseling</u>		
90882-HF	\$27.59	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions; (substance ab use disorder program) (per 30 minute unit, two units maximum per session) (case consultation)
H0001	\$13.79	Alcohol and/or drug assessment (per 15 minute unit, 4 units maximum per session)
H0004	\$13.79	Behavioral health counseling and therapy, per 15 minutes; (individual counseling, four units maximum per session)
H0005	\$10.74	Alcohol and/or drug services; group counseling by a clinician; (per 45 minute unit, two units maximum per session)
T1006	\$33.12	Alcohol and/or substance ab use disorder services; family/couple counseling (per 30 minute unit, two units maximum per session)
<u>Clinical Case Management</u>		
<u>H0006-HO</u>	<u>\$17.80</u>	<u>Clinical Case Management -Master's level per 15 minutes</u>
<u>H0006-HN</u>	<u>\$12.83</u>	<u>Clinical Case Management - Non-master's level per 15 minutes</u>
<u>Driver</u>		
<u>Alcohol</u>		
<u>Education</u>		
<u>Outpatient</u>		
<u>Counseling</u>		
<u>H0001-H9</u>		
H0004-H9	\$13.79	Alcohol and/or drug assessment (court-ordered) (per 15 minute unit, 6 units maximum per session)
H0005-H9	\$7.16	Behavioral health counseling and therapy, per 15 minutes (court-ordered); (individual, 6 units maximum per session)
		Alcohol and/or drug services; group counseling by a clinician (court-ordered); (per 30 minute unit, four units maximum per session)
Day Treatment		
H2012-HF	\$14.91	Behavioral health day treatment, per hour (substance ab use disorder program); (3.5 hours per day)

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Code	Rate	Description
Services for Pregnant/Postpartum Clients		
<u>Inpatient Services</u>		
H0011-HD	\$305.55	Alcohol and/or drug services; acute detoxification ; (Medically Monitored Inpatient Detoxification Services; pregnant/parenting women's program; Facility with 37 or fewer licensed beds)
H0011-HD	\$277.30	Alcohol and/or drug services; acute detoxification ; (Medically Monitored Inpatient Detoxification Services; pregnant/parenting women's program; Facility with more than 37 licensed beds)
<u>Outpatient Services</u>		
H0004-HD	\$13.79	Behavioral health counseling and therapy, per 15 minutes; (pregnant/parent women's program) (individual counseling, four units maximum per session)
H0005-HD	\$10.74	Alcohol and/or drug services; group counseling by a clinician; (pregnant/parenting women's program); (per 45 minute unit, two units maximum per session)
H0006-HD	\$8.00	Alcohol and/or drug services; case management (pregnant/parenting women's program); (per 15 minute unit, four units maximum per day)
T1006-HD	\$33.12	Alcohol and/or substance abuse disorder services; family/couple counseling (pregnant/parenting women's program); (per 30 minute unit, two units maximum)
<u>Day Treatment</u>		
H1005	\$55.17	Prenatal care, at-risk enhanced service package (includes H1001-H1004) (prenatal care, at risk enhanced service, antepartum management, care coordination, education, follow-up home visit) (individual counseling, one hour unit, one unit maximum per day)
H1005-HQ	\$59.64	Prenatal care, at-risk enhanced service package (includes H1001-H1004) (prenatal care, at risk enhanced service, antepartum management, care coordination, education, follow-up home visit) (group setting); (per four hour unit, one unit maximum per day)

(5) Pay for Performance (P4P) Incentive Payments. Subject to a Purchasing Governmental Unit's determination of the availability of funds, P4P Eligible Providers receive incentive payments through the Pay for Performance (P4P) Program as defined by the purchasing governmental unit and as follows:

(a) Performance Indicators.

1. Each performance indicator is calculated to produce aggregate numbers that will be used to establish baseline information, attainment thresholds and performance benchmarks, relative to the distribution of P4P Eligible Providers. Performance indicator rates are calculated by dividing the numerator by the denominator for each measure to obtain a percentage. A measure's denominator is the number of clients served by a P4P Eligible Provider who are

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eligible for the performance measure and the numerator is the subset of the denominator who meets the measure's specific performance criteria.

2. Payment Eligibility.

To be eligible for payment for a Performance Indicator a P4P Eligible Provider must:

- i. be an Eligible Provider as of a certain date, the date to be established by the Purchasing Governmental Unit on an annual basis; and
- ii. have a minimum number (minimum to be established by the Purchasing Governmental Unit) of clients who must meet specific Performance Indicator criteria during the date range for which performance is being measured.

3. Performance Score.

For each Performance Indicator for which the P4P Eligible Provider is eligible per 101 CMR 346.04 (5)(a), P4P Eligible Providers will earn points for either achieving a benchmark or for improving their performance over their previous year's performance. Points will be awarded to a P4P Eligible Provider for each indicator, according to the methodologies noted below.

- a. Attainment Points. P4P Eligible Providers may earn points based on where the P4P Eligible Provider's performance falls, relative to the attainment threshold and to the benchmark set for each Performance Indicator. The attainment threshold is set at the median of all P4P Eligible Providers' performance rates. The benchmark is set at the 75th percentile of all P4P Eligible Providers' performance rates. P4P Eligible Providers will receive attainment points between the range of zero and ten 10 for each Performance Indicator, as noted below.
 - i. If a P4P Eligible Provider's performance rate is below the attainment threshold, it will receive zero attainment points.
 - ii. If a P4P Eligible Provider's performance rate is greater than or equal to the benchmark it will receive 10 attainment points.
 - iii. If a P4P Eligible Provider's performance rate is below the benchmark, but at or above the attainment threshold, the P4P Eligible Provider will receive anywhere from one to up to but less than 10 attainment points, as calculated using the following formula.

P4P Eligible Provider's Attainment Points =

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$$\left(\frac{(ATP's \text{ Performance Rate}) - (Attainment \text{ Threshold})}{(Benchmark \text{ Rate}) - (Attainment \text{ Threshold})} \times 9 \right) + 1$$

- b. Improvement Points. P4P Eligible Providers may earn improvement points if the P4P Eligible Provider has demonstrated improvement from its previous year's performance rate. The P4P Eligible Provider's improvement points will be calculated based on the following formula:

P4P Eligible Provider's Improvement Points =

$$\left(\frac{(ATP's \text{ Performance Rate}) - (ATP's \text{ Previous Year Performance Rate})}{(Benchmark \text{ Rate}) - (ATP's \text{ Previous Year Performance Rate})} \right) \times 10$$

- c. P4P Eligible Provider Awarded Points. For each Performance Indicator, the awarded points are the higher of the attainment or improvement points earned by the P4P Eligible Provider. In no event will the number of points awarded exceed 10 for each Performance Indicator. Each Performance Indicator's awarded points are then summed across all the indicators a P4P Eligible Provider is eligible for to determine the total awarded points for a P4P Eligible Provider.

P4P Eligible Provider's Awarded Points = (Points Awarded Indicator 1) + (Points Awarded Indicator 2) +(Points Awarded Indicator N)

- d. P4P Eligible Provider Potential Points: The total potential points for a P4P Eligible Provider is determined by multiplying the number of Performance Indicators the P4P Eligible Provider is eligible for (see 101 CMR 346.04 (5)(a)) by the maximum number of points per Performance Indicator 10.

Potential Points = (Number of Performance Indicators for which a P4P Eligible Provider is Eligible) X 10

- e. P4P Eligible Provider Performance Score: The P4P Eligible Provider's performance score reflects a percentage between 0% and 100%. The P4P Eligible Provider awarded points is divided by the P4P Eligible Provider potential points to obtain the P4P Eligible Provider performance score based on the following formula.

P4P Eligible Provider Performance Score = (P4P Eligible Provider Awarded Points) / (P4P Eligible Provider Potential Points)

4. Per Client Payment Amount

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The per client payment amount is determined as follows.

- a. The per client payment amount is determined by dividing the aggregate dollar figure determined by the Purchasing Governmental Unit(s) to be available for incentive payments by the statewide adjusted clients calculated as described below.

$$\text{Per Client Payment Amount} = \frac{\text{Aggregate Dollar Amount Available for Incentive Payments}}{\text{Statewide Adjusted Clients}}$$

- i. Statewide adjusted clients. The statewide adjusted clients figure is calculated by summing over all P4P Eligible Providers, each P4P Eligible Provider's adjusted clients number.

$$\text{Statewide Adjusted Clients} = (\text{P4PEP 1 Adjusted Clients}) + (\text{P4PEP 2 Adjusted Clients}) + \dots + (\text{P4PEP N Adjusted Clients})$$

- ii. P4P Eligible Provider Adjusted Clients. Each P4P Eligible Provider's number of clients served during the measurement period is multiplied by the P4P Eligible Provider's Performance Score to derive the "adjusted clients" figure.

5. P4P Eligible Provider Total Performance Indicator Payment Amount

A P4P Eligible Provider's Performance Indicator incentive payment is calculated as the product of: (a) the P4P Eligible Provider's Performance Score calculated as per 101 CMR 346.04(5)(a)(3); the number of P4P Eligible Provider clients served during the measurement period; and (c) the per member payment amount that is calculated as per 101 CMR 346.04(4)

$$\text{P4P Eligible Provider Total Performance Indicator Payment Amount} = (\text{P4P Eligible Provider Performance Score}) \times (\text{number of P4P Eligible Provider clients served}) \times (\text{Per Member Payment Amount})$$

346.05: Severability

The provisions of 101 CMR 346.00 are severable. If any provision of 101 CMR 346.00 or application of such provision to any Eligible Provider or fiscal intermediary is held invalid or unconstitutional, such determination will not affect the validity or constitutionality of any remaining provisions of 101 CMR 346.00 or application of such provisions to Eligible Providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

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101 CMR 346.00: M.G.L. c 118E, and M.G.L. c. 12C